

# FMS Foundation Newsletter

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Dear Friends,

*Memory with a Grain of Salt* is the title of the invited address to be given by Ulric Neisser, Woodruff Professor of Psychology at Emory University, at the April FMSF Conference, *Memory and Reality: Emerging Crisis*. (See enclosed schedule.)

We are pleased with the interest and excitement that this conference is producing. The list of speakers is impressive. One psychiatrist said to us, "You've got all the big ones!" She was right. We have an extraordinary program in the areas that are of special concern to FMSF: memory, therapy, law, child abuse and sociology. It is not often that such a prestigious group comes together to address an issue of mutual concern, and the fact that this will be a meeting that includes both professionals and non-professionals makes it even more special. The existence of the conference is a statement of the critical nature of the FMS phenomenon.

The conference presents a unique opportunity to hear the views of some of the nation's most highly respected researchers, and it will also be a chance for professionals and families and people who have gone through the FMS cycle to discuss the issues together and to find ways to work together to resolve critical problems. It is not often that a conference is held on such an emotionally sensitive and politically charged topic.

We anticipate a balance of professionals and families in attendance. We have planned the conference so that there will be opportunities for the press to meet with any families or professionals willing to meet with them but also to provide families who wish with anonymity. There will be areas designated as no-photo areas, for example. Conference talks will be open to any registrants, but round table sessions will not be open to the press. During the time that round table discussions are held, there will be special informational meetings for members of the press.

A preliminary program of "Memory and Reality: Emerging Crisis" is printed in this newsletter. We look forward to meeting you in April.

The mail brings new information about FMS each day. How can there be so many stories of families torn apart because someone recovered memories through hypnosis, dream interpretation, sodium amytal or guided imagery? Each story seems so bizarre and impossible, but when they are put together a pattern emerges. How widespread is the phenomenon? We received a phone call yesterday from someone who had spoken about FMS to a group of 80 doctors last week. She said that after her presentation five doctors came up to her and said that s/he had a child who had acquired "memories." We received our first letter from Australia. It was a brief letter saying that there is also a crisis in Australia.

Some of the stories appear in newspapers because they involve legal actions or are the result of the accuser having a press conference. A story that has caused many people, professionals and families both, to call the Foundation to say they are alarmed is that of the Souza family in Massachusetts. Two articles appeared in the *Wall Street Journal* on February 22nd commenting on the witch hunt aspect of this case. (One was a review by Rabinowitz of a made for TV movie about the story and one a column by Richard Gardner, M.D. and Professor of Psychiatry at Columbia University.) According to an article in the *Boston Globe* by Sally Jacobs on February 21, 1993, Ray and Shirley Souza are to be sentenced in a criminal action for molesting their grandchildren who "told of being locked naked in a cage in the basement. Of being tied to the bedpost with a brown rope. Of being forced to touch their grandparents' genitalia and of their grandparents touching them." Gardner is quoted in the *Globe* article as noting the fact that "the charges were triggered by the dream of one of the couple's daughters—reflects how families can become consumed by the national 'hysteria' about sexual abuse."

The *Globe* article states that, "Not so long ago, the Souzas and their children were a close-knit family, frequently gathering for meals and conversation. But in the late 1980's, Shirley Ann Souza, the youngest of the Souza's children, had a recurring dream that ultimately shattered the family unit: In it she saw herself being raped by her parents. Souza entered therapy, read a book called *'The Courage To Heal'*—a popular but controversial handbook for incest survivors—and concluded 'that my entire family was very dysfunctional.'"

Shirley Ann then told her sister-in-law that she thought she was abused and that she thought her sister-in-law's daughter was being abused. Later it seems that other daughters said they were having the same dream. The physical evidence of pediatricians was inconclusive. One of the younger children related in testimony that "her grandparents made her drink a 'green potion' that made her sleepy, and that a machine as big as a room was used to molest her."

The abuse was alleged to have continued from May 1989 through November 1990, but neither of the girls told her parents before their aunt told of her dream.

The prosecutor, Martha Croakley, chief of the child abuse prosecution unit in Middlesex, says that "There was absolutely no motivation on the part of these children to make this up or on the part of their parents to program them."

Richard Gardner contends that videotapes of the interviews with the children show that they were led in their responses.

Pamela

## American Psychological Association OKs Budget for a Panel on Repressed Memories

According to the *APA Monitor*, 24(2) February 1993, the APA Board has recommended to its Council of Representatives that a working group be established to study memories of childhood abuse. Board member Bruce E. Bennett, Ph.D. noted that the topic "is going to be enormously controversial within this association and outside."

The Board specified that any outside funding must be unrestricted because of concern that if a group funding the task force meetings had a publicly identified position on the issue, the conclusions of the task force might be perceived to have been influenced by the group. We are extremely pleased that the APA recognizes that a crisis is emerging and that they will find the money to fund the task force. We applaud the concern for entering this research with no bias.

One professional, however, sent us correspondence expressing concern that the APA already has a very strong bias on the topic of repressed memories. "The APA is already publicly identified with a position," he wrote. The evidence he sent for us to examine was a collection of programs of talks that have been presented at APA sponsored meetings and a collection of brochures of workshops for which the APA gives continuing education credit.

We were taken aback when we read the material and it has raised a new level of questions. Hundreds and hundreds of talks and workshops on how to use hypnosis and guided imagery to help people find memories. Talks and workshops on how to treat victims of satanic ritual abuse conspiracies. Talks and workshops on dealing with the abreaction of clients after they recover memories. "Where is the scientific evidence to support these practices?" our writer asked.

We noted for-credit workshops that appeared to present material about memory that does not have the scientific support of memory experts. Over and over we saw "Learn methods for facilitating traumatic memory retrieval." A psychological industry has grown to help people find memories. For an all-too-typical example see the box above.

### When Your Mind Loses Its Head

*Neuroscientists have recently surmised that the mind is no longer in the head but is in every cell. To understand the concept of cellular memory we will look to genograms, eidetic imagery, past lives, holograms, recent research, the triune brain and unified field theory. We will also discuss various healing techniques.*

#### CEC Learning Objectives:

- Explore & distinguish between mind, body & memory.
- Be exposed to ways of exploring "cellular memory" patterns.
- Explore the implications of the unified field on the future of healing.
- Examine how elements of past, present and future can impact on healing.

A course offered with APA credit at the 23rd Midwest Conference of the Association for Humanistic Psychology to be held on March 26-28 in Indianapolis, Indiana.

Mental health professionals (those who have licenses) are required to take continuing education courses to keep their credentials up-to-date. The selection of courses offered for approval is an indication of the prevailing beliefs within the professional community since courses must receive professional approval. We encourage everyone to take a close look at course offerings for professionals in the mental health field.

In the conference mentioned above, for example, we found yet another example of how to "identify early childhood trauma":

#### "Handwriting:

#### Landscape of the Mind"

"Unique as fingerprints, handwriting is frozen energy. Interpreted, it is a significant projective technique being used by individuals, therapists and businesses. Documented with remarkable examples, this graphic and informative lecture will explore the origins of handwriting. It will also reveal many insights into personality, including childhood trauma, individual identity and performance potential."

One of the objectives of this course is "To appreciate the use of handwriting to identify early childhood trauma."

If these are the course offerings for continuing education credit, then these are the techniques that clinicians who pay money to take these courses will use. Just who is monitoring the mental health system in this country?

The professional organizations have a tremendous responsibility. We are very glad that the American Psychological Association has publicly stated their intention to form a task force that is truly scientific and objective to study the issues of memory, influence and therapeutic techniques that are so critical to the phenomenon we have been describing in this newsletter.

### Our Critics

Members of the American Psychological Society have circulated a letter to be sent to the *APS Observer*.

The signers object to the name "False Memory Syndrome" as a non-psychological term originated by a private foundation whose stated purpose is to support accused parents." (The American Psychological Society is composed of research psychologists who broke away from the American Psychological Association because

they felt that their voices were not heard in the predominantly clinical APA. At that time, some members stated publicly that they were concerned with the fact that clinicians ignored scientific evidence.)

Following is the letter we wrote in reply:

"I offer people \$100,000 to find a place in my books or lectures where I've blamed anybody. I don't even hold my parents responsible." John Bradshaw, *Changes Magazine*, April 1993, page 47.

Lee Herring, Editor, *Observer*  
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Dear Editor:

We have been informed that some members of the American Psychological Society have written a letter to the *Observer* questioning the name of the False Memory Syndrome Foundation. We ask for an opportunity to respond to that letter. We ask for the help of APS in addressing a tragic phenomenon that is causing many people to suffer and is destroying families.

The False Memory Syndrome Foundation was formed in March of 1992 by a group of professionals and families to try to document and study an emotionally sensitive and politically charged topic: accusations of childhood sexual abuse that surface as a result of "repressed memories" recovered during therapy. The current social climate is one in which "therapy" has become political action (i.e., "Get strong by suing" *Courage to Heal*, Bass and Davis, 1988) and one that many now characterize as a "sex abuse hysteria", (e.g., Gardner *Wall Street Journal*, Feb 22, 1993). This hysteria is causing many innocent people—both patients in therapy and their families to suffer terribly. Can we try to calm some of that hysteria? In respect to FMSF:

- No one is saying that sexual abuse of children does not exist or has never existed;
- No one is saying that people who truly have been sexually abused are not now suffering or have not suffered in the past;
- No one is saying that genuine victims of sex abuse do not have the right to competent therapy and healing;
- No one is saying that genuine victims of sexual abuse who present bona fide evidence or corroboration of past abuse shouldn't be given the opportunity to identify the perpetrator(s) or have access to the justice system;
- No one is saying that genuine victims of sex abuse do not deserve our compassion and our personal, professional and societal support.

What is being said is that:

- There are persons who truly have been abused and have always remembered their abuse but only now are be-

ginning to deal with their trauma. The publicity and societal permission to address their trauma has brought great relief, vindication and solace to them. And that is good.

In less than one year more than 2,800 families have called FMSF to say that someone in their family has recovered "repressed memories" for which there is no empirical evidence and that the family has been destroyed as a consequence. While FMSF cannot tell the truth or falsity of any story, we have recorded the stories and looked for patterns. We have done in-depth interviews and we continue to collect written survey data to try to determine what is going on and how best to proceed. There are currently graduate students from three universities using FMSF records for research purposes and during 1993-94,

one professor will be at FMSF on sabbatical continuing his research on clinical training issues. Many other mental health and legal professionals are examining the material we collect for their own research purposes. Several grant proposals have been started and every week we have professionals and reporters in the office looking at the data.

There is no question that child sexual abuse is a terrible problem and we support every effort to put an end to such abhorrent actions. The issues that are the particular concern of FMSF, however, do not involve child sexual abuse. The issues are about memory and influence and historical truth versus narrative truth; about finding ways to get the most accurate scientific information about memory to the public and about training and monitoring of the mental health professionals. The Foundation is trying to help 2,800 families reconcile.

The behaviors that are described by 2,800 case histories are as follows: an adult enters therapy for any number of reasons: concerns about body image, stress, relationship problems, depression, death in family. In therapy it is suggested that the patient shows the symptoms of someone who has been abused and that some sort of childhood trauma is the cause for the problem that brought the person into therapy. There begins a search for memories or what is referred to as "memory work." (There is also "rage work" and "body work.") Families are asked to write histories and send pictures, but they are not told why. Techniques that are commonly used in "memory work" are hypnosis, guided imagery, sodium amytal, relaxation exercises, trance writing, dream interpretation,

### How to Become a Psychotherapist

Last February, I decided to become a psychotherapist.

I found a comfortable office in the East Fifties for a mere \$875 a month. I.S. Furniture Rental was willing to outfit the place in traditional style, with plenty of rich burgundy tones—cherry desks, medical-file cabinets, couch, even oil paintings—for only \$335 a month.

The cost of business appointment cards would come to \$70; the phone, installed, would cost \$621.81; a monthlong radio-ad campaign (60-second spots, four times a day) would reach a quarter-million listeners for only \$2,000.

So for just \$4,000, I could have become a professional healer—with absolutely no training, credentials, or license.

I didn't take this fantasy any further—I didn't actually hang up a shingle emblazoned psychotherapist. But I could have, because a scam like that would be perfectly legal. "In New York, you need no credentials to call yourself a psychotherapist," says Charles Adams, Executive Director of the New York State Office of Professional Discipline.

That's dangerous, because people in need of mental-health services are among the most vulnerable of consumers: Their defenses are weakened by self-doubt and personal crisis.

"Head Hunt: How to find the right psychotherapist for the right price" by Jeff Blyskal, *New York*, January 11, 1993 page 28,

handwriting analysis, and body massages. The patients typically are taught that these methods are guaranteed to arrive at the historical truth and that they will resolve all doubts as to the nature of the memories.

In time, the patient recovers "repressed memories" of abuse that allegedly took place decades earlier (the range is from 10 to 50 years). The precise nature of what is "remembered" is dependent on the therapist. Some therapists have patients who recover memories of space-alien abduction abuse. Others specialize in memories of satanic ritual abuse and there are those whose patients recover memories of abuse in past lives. And some patients don't recover any memories but they are certain that "their parents were not there for them," and that they were emotionally abused.

Then comes the most disturbing part to the stories that people tell us. In not a single case has the therapist sought the patient's pediatrician records. In only a few of our 2,800 cases was there any attempt to consult school records, other family members, standard psychological tests or any independent sources. Nonetheless, the patient and the therapist confront the alleged abuser who is henceforth called a "perpetrator" or "perp." This is generally a total surprise for the person accused. The alleged "perp" is offered the opportunity to confess and enter therapy or to be cut off from all contact with the child and/or grandchildren. Often the person receives a letter demanding that he or she pay for the therapy of the person with the memories or else the accusation will be made public.

If the people who are accused confess, they are considered guilty. If the people who are accused profess their innocence, they are said to be "in denial" and thus also guilty. This is the logic of closed systems or cults.

The practices of the "trauma and recovery" specialists who are described in the 2,800 stories are not prudent or standard medical practices. The effects on the patients are devastating. FMSF has been contacted now by more than 50 primary victims of this process, that is, by the individuals who have been convinced by their therapy that they were abused. These individuals have told us that the term False Memory Syndrome accurately describes their experience. Many of these individuals are now suing their therapists for malpractice.

If any members of APS have a better working term or way to describe the set of destructive behaviors, please share it with us. We first used the more medically established term "confabulations" but the people affected by the phenomenon did not know what that word meant. We tried to avoid a term that would be as alarming or threatening as "hysterical" or "induced delusions," although these terms are also more established from a medical perspective. (And the long-established term "pseudo-memo-

ries" couldn't be used because of the resulting abbreviation.) We tried to find a term from which all those caught up in its frenzy could leave with some grace and face saving.

The families and the professionals who comprise the False Memory Syndrome Foundation are not wed to the term "syndrome." We are concerned about documenting and understanding the reasons for an unbelievably destructive hysteria that is being spread through the mental health system. We are alarmed about the misconceptions about memory that are being relayed in the media and in the incest-survivor movement and we are trying to get the most accurate and most scientific information about memory available to the public. We ask for your help with this and with finding ways for people who have been unbelievably hurt and embarrassed to reconcile. When people are in their 70's and 80's, there is not a great deal of time. Already many parents have died.

Sincerely,

Pamela Freyd, Ph.D.  
Executive Director

### Guilt Test

Television talk shows seem to be assuming an increasing role in public policy and public opinion. Even the presidential candidates went on the "talks." It appears to us that there are two distinct types of programs that are referred to as "talks." The original "talks" were programs such as "Meet the Press," in which providing in-depth information seemed to be the objective.

In recent years another type of talk show has developed in which entertainment seems to be the objective. These are sometimes referred to as the "daytime talks."

A few years ago, a father was voted guilty of molesting his children on a daytime talk show. The issues in the case did not involve recovery of repressed memories but arose in the context of a custody battle. The basis for the conviction was that a sibling supported the accusation. If more than one child believed the accusation then the accused must be guilty according to the talk host and the audience.

We thought that this was an interesting method to determine the truth or falsity of an accusation—certainly more tidy than dunking. As we have been collecting family survey data, we have been examining the sibling issue. We now have many hundreds of completed surveys and are continuing to collect and enter into the computer the information obtained. In a sample of 282 families whose information has been entered into the computer, we found that there were 931 children (3.3 children per family). Of this sample, 357 children were accusing family members of some sort

*We cannot live the rest of our lives like this, looking over our shoulders, wondering what our daughter will do next. We are involved in our community in many ways and we find it very difficult to focus on the task at hand. Our family, four other children, loves our daughter who has become so estranged with her bizarre memories. We want her to get competent help. We realize that even with competent help she may choose to have nothing more to do with the family. If that is the way it is to be, we can accept that, sadly. Our primary concern is for her to get competent care.*

Mother and Father

of abuse, most often incest or emotional abuse. Another 49 siblings believed that abuse occurred to the accuser although they themselves were not accusing. That makes a total of 406 who believed that abuse took place. In those same families, 525 children did not believe that abuse took place and thought that their siblings were confabulating. Does that mean innocence has according to this test?

We recommend a recent research paper on the rate of false accusations by Mikkelsen, Gutheil and Emons<sup>1</sup>. That paper noted the following:

"False allegations of sexual abuse by children and adolescents are statistically uncommon, occurring at the rate of 2 to 10 percent of all cases with rates up to 50% in special situations such as heated custody disputes. Nevertheless, when

"When treatment constructs a reality that emphasizes the deficits and shortcomings of a client's interpersonal environment, solutions for that client's problems are more difficult to find."

"Therapeutically in-vogue terms such as *dysfunctional family* and *toxic parents* are likely little more than pejorative appellations that can lead to counterproductive outcomes. If so, such terms deserve the same scientific and professional disrepute that designations such as the *weaker sex* and *racially inferior* have justly earned."

Terence W. Campbell, "Therapeutic relationships and iatrogenic outcomes: The blame-and-change maneuver in psychotherapy," *Psychotherapy*, 29 (3) p 474-480

they do occur, they can be extremely detrimental to all involved including the accuser. Thus it is important to those who evaluate these allegations be open to the possibility of a false allegation and have a knowledge of the principal clinical subtypes of false allegation. Our research indicates that it is a narrow focus on the reporter and ignorance or dismissal of the broader contextual factors that often leads to the perpetuation of a false allegation.

"The literature and our own clinical research has revealed four clinical subtypes of false allegations: (1) Allegations arising in the context of custody disputes; (2) Allegations stemming from psychological disturbances on the part of the accuser; (3) Allegations resulting from conscious manipulation by the child or adolescent; (4) Allegations based on iatrogenic elements.

"This material is presented in the interests of heightening the awareness of this serious miscarriage of clinical and legal processes and its severe and potentially irreversible social consequences."

The Mikkelsen et al study does not address decade delayed accusations, but it does point to the importance of considering contextual factors in sex abuse accusations. We ask people to reflect seriously on the contexts in which decade delayed accusations arise: hypnosis, guided imagery, sodium amytal, dream interpretation, survivor support groups, self-help books and a therapist who has been told in workshops that the way to help a client is to help him or her find traumatic memories.

"My daughter has given up her memories of abuse due to a TV program on Prime Time that she saw."

- a mother

1. Mikkelsen, M.D., Gutheil, M.D. & Emons, B.A., "False sexual-abuse allegations by children and adolescents: Contextual factors and clinical subtypes" *American Journal of Psychotherapy*, October, 1992.

## The Job of the Therapist

For a step-by-step set of directions for "reconstruction memories of abuse" we suggest that readers examine a paper by that name in the journal *Psychotherapy* 29/Summer 1992 #2 page 243.

"The recovery of traumatic memories is an important part of therapy with survivors of abuse."

"The job of the therapist is to help the client bring previously unremembered aspects of the trauma to the surface and deal with their impact. Therapists use aids

such as art therapy (Greenberg & van der Kolk, 1987; Hale, 1990), dream work (Edward, 1987), group therapy with other victims (Herman & Schatzow, 1987), and childhood photographs (Gil, 1988) to help clients remember. Hypnotic techniques can be used to access memories that otherwise seem completely out of reach.

p 246 "Anticipating Memories. Explaining the theory. To begin with, clients were told that people who have very traumatic experiences are usually plagued by reminders of the experience until the emotional trauma is resolved

p 247 Reviewing the Past. Clients were then asked about patterns of emotional hypersensitivity they had observed in themselves.

p 247 Predicting the Direction. Patients were then asked, "If these experiences hid the pieces of your memories, what sort of memories do they suggest to you?"

We urge readers to examine this article as it reflects the assumptions for survivor therapy. Survivor therapists know that their clients are "survivors" when the clients themselves do not have memories of having been abused. This knowledge of the therapist appears to be based on lists of symptoms. Carol Tavris in the "Beware the Incest Survivor Machine," *New York Times Book Review* on January 3, 1993 pointed out the fallacies of such lists.

"When therapists assume that clients have endured a history of betrayal by significant others, their assumptions can substantially influence a course of treatment," Terence W. Campbell, reported in "Therapeutic relationships and iatrogenic outcomes: The blame-and-change maneuver in

psychotherapy," *Psychotherapy*, 29(3). Campbell reviewed cases reported in recent issues of *Psychotherapy* and noted that therapists make significantly more negative inferences-compared to positive inferences-about significant others in their clients' lives.

Campbell notes that through this negative perception of significant other people in the life of the client, the therapy relationship comes to be organized around victim and savior roles. The client is the victim and the therapist is the savior and a triangulated relationship develops."



### Mixed Feelings Is this the way it ends ?

*For years I waited to see my daughter whom I love with all my heart. I never understood where she got her ideas or why she cut me out of her life. And then a breakthrough—contact. My daughter started visiting me occasionally after the birth of her child but it was only after I was extremely ill that she began to spend more time and to bring her family with her. She became friendly and came home for her birthday. Never a recanting or apology for the suffering she caused me—Just acting as if nothing had ever happened.*

*I'm accepting all of this and feel as though I'm picking up the crumbs she tosses my way and being grateful when in reality I'm resentful and feel the need of an explanation if not an apology and recanting. Nothing is ever mentioned—we act as if nothing ever happened. It is difficult for me to forgive and forget but I'm trying.*

Dear FMS Editor,

*In reviewing your literature, I notice quotes and comments from victims. I also notice the objecting parent or spouse as being the partner of the alleged offender. I can empathize with these women. They carry a heavy load. I am interested in responses from the alleged perpetrators themselves, rather than someone else denying for them. It would add to FMSF credibility if the responses were limited to the offenders (alleged) themselves.*

Peace and Caring

A number of people have commented on the active role of mothers and sisters in FMSF. Why? We have no answer, only speculation. Some of the most moving letters we have received have been from widows. They spoke of their feelings of having their dead spouses accused and unable to defend themselves.

Unfortunately, it is also the case that many of the fathers who have been accused have died before there was any resolution. Some mothers have died but not as many.

We have not written about this because it seemed unnecessarily depressing for readers already trying to cope with such a terrible situation.

Perhaps the time has come to talk of the hospitalizations and the deaths that took place following an accusation. Perhaps we really should write more about accusations that took place on "death beds." Maybe one of the reasons that there are more quotes from women is because women live longer and so there are more 70 and 80 year old women to write.

But when these women write, it is not in self-pity. They write to express concern about the children "tempo-

rary insane" as they often say, who must live with the results of what they have done. "How will they live with themselves?" This even prompted one person to say, "Maybe they will be better off if they just keep their memories."

Some people have written to us to say that they thought that this FMS was primarily about "women." Most of the people with memories are women and while some men are not accused, every woman who has questioned the historical accuracy of the memories has been accused of something. We take a long term view of the mother-blame. It has been part of our culture for a century. A generation ago mothers were blamed for schizophrenia and autism.

There have been other omissions in what we have reported. We have not reported the comments from parents who have received death threats from their children. We have not reported the comments from parents who have been told their children are missing. Frankly, we have not begun to cover the extent of the personal tragedy that has been revealed to us through the letters.

We do have many many letters from accused people. We will try to include more from men. We would also like to include stories from accusers that we could pair with stories from accused. Although we have received a few, we have not received permission to print them.

### Evidence that is cited to show that recovered memories are true.

*Herman and Schatzow, 1987*

"Historically, patient reports of childhood sexual abuse were thought to be fantasies. One study (Herman and Schatzow, 1987, *Psychoanalytic Psychology* 4(1), 1-14) powerfully demonstrated that patients' accounts of abuse could be supported by corroborating evidence in most cases."

The above quote was from a newsletter of a clinic. The Herman and Schatzow study is often cited as evidence for the validity of repressed memories. Is that conclusion warranted?

The H&S study deserves respect because it is a pioneering investigation into the memory of incest survivors. The authors claim that in their sample of 53 therapy patients, "the majority of patients (74%) were able to obtain confirmation of the sexual abuse from another source. On the surface the

figure is impressive. One must note, however, that all the patients were in treatment for incest survival; it is not particularly surprising that the majority should have valid memories of sexual abuse.

The issue is not the validity of incest survivors' memories of sexual trauma, but the validity of ostensibly repressed memories of such trauma, recovered long after the fact. Here the study's results are not dramatic.

As scholars and teachers, we cannot hope to challenge mass paranoia or outlandish conspiracy theories if we accept the notion that one version of reality (past or present) is as "truthful" as another; .....The distinction between fact and fiction is essential both to our sanity and to our ability to make moral judgments. We may never know the truth, the whole truth, and nothing but the truth, but we have to believe that some descriptions of our past and our present condition are more truthful than others.

Dan T. Carter, professor of history at Emory University, "The academy's crisis of belief," *Chronicle of Higher Education*, November 18, 1992.

In the sample of 53 patients, 20 (38%) had no amnesia at all. The remaining 33 patients (62%) reported at least some degree of amnesia, with 14 of these patients (26% of the total) reported severe memory deficits.

When the patients attempted to gather corroborating evidence of childhood sexual abuse, 39 patients (74%) were reportedly successful: 21 patients got direct corroboration, while another 18 discovered another victim, strengthening a "prima facie" case that they themselves had also been abused. Note that 20 of the patients had no amnesia for their abuse, while another 19 patients only reported difficulty in remembering details.

Confirmation of remembered abuse is not the same thing as confirmation of a newly recovered, previously repressed memory of abuse. Thus, it is entirely possible that the 39 patients who succeeded in corroborating their memories of childhood sexual trauma were the same 39 patients who had little or no memory difficulties to begin with. There is no evidence in the paper that the 14 patients with severe amnesia were able to validate any memories of childhood trauma.

The paper reports the interesting observation that the patients with the most severe amnesia also had the earliest abuse: mean age of onset at approximately 5 years, compared to approximately 9 years in patients with none, mild, or moderate amnesia. This is interesting, but it does not justify the leap to attributing this to "massive repression." H&S fail to consider the impact of infantile and childhood amnesia arising from cognitive and physiological changes occurring normally over the course of early development. Because of the inherent weaknesses in retrospective research, and the precise pattern of results obtained, the Herman and Schatzow, 1987 study cannot be considered definitive, or for that matter even relevant in any way to the question of the validity of long-repressed memories of child sexual abuse.

### "Tell me, when did it happen?"

#### (Title of an Associated Press story)

For more than a century scientists have been pondering how people know when things happen. We recommend that readers examine "Memory for the time of past events," by William Friedman, *Psychological Bulletin*, 1993, 113 (1), 44-66 which is a review of the research into how people determine when events happened.

Research indicates that people sift through the memories of an event, associated memories and general knowledge about time patterns to reconstruct a plausible answer about when something happened. If you were a

kid at the time, it happened before you grew up. If the weather was unbearably hot, it was summer. If your swim in a lake was interrupted by your older sister's going away to college party, you've stumbled onto a good clue.

One consequence of this reconstruction process is that people may remember the time of day but not have any idea about how many weeks ago something happened. That effect showed up about nine months after an earthquake in Ohio, when Friedman asked Oberlin employees to recall when it occurred. The employees knew the time of day within about an hour. They were off by about two months.

Sometimes even accurate memories don't help. In one study some British participants thought Kennedy was assassinated in the summer because they remembered that he rode in an open car. They did not know what Dallas weather was like. According to Friedman the information we recall can sometimes lead us astray.

Scientific research shows that memory is reconstructed and reinterpreted. There is no scientific evidence for memories that are kept in a "time capsule" to emerge perfect and unchanged decades later.

### From a Family that has reconciled

*After four years of no contact, our 30 year old daughter has since recanted her memory and accusation of abuse from when she was 4 to when she was 10 years old. I don't think it will ever be as open and free as it once was, but that's life. I consider myself lucky that we came out as well as we did.*

*She is bright, beautiful, accomplished. Why would she make up such a horrible story? These were the thoughts her brothers and sister shared with us as the distancing set in. We were left alone to anguish.*

*My first reaction was that she was doing it on purpose to hurt. I thought she was lying. She always needed so much attention, needed to be the center of attention. Was she just a small fish in a big pond when she left home? Did the big world not afford her the same pampering she had received at home and she was angry. I have since changed my mind after much reading. The memories were false but they were real to her. She was the victim of the cruelest form of malpractice—an incompetent therapist. A trendy fellow. A real desire to help but not much training.*

*Perhaps our hurt would not have been as bad had we not seen it at first as deliberate and spiteful*

*In our case, and now in several of the family stories, I see an "over dependency" or "over attachment" by these young women to their fathers. There doesn't seem to be the normal distancing during the teen years that others*

### WHERE DO 2,846 FAMILIES LIVE ?- 03/01/93

AK(8)	AL (8)	AR (6)	AZ (85)	CA (487)
CO (41)	CT (36)	DE (7)	FL (125)	GA (36)
HI (4)	IA (20)	ID (17)	IL (102)	IN (22)
KS (32)	KY (9)	LA (12)	MA (82)	MD (45)
ME (12)	MI (87)	MN (58)	MO (59)	MS (2)
MT (14)	NC (31)	ND (3)	NE (11)	NH (7)
NJ (79)	NM (19)	NV (16)	NY (121)	OH (93)
OK (24)	OR (53)	PA (173)	RI (7)	SC (10)
SD (7)	TN (15)	TX (99)	UT (130)	VA (36)
VT (11)	WA (146)	WI (109)	WY (5)	DC (6)
VI (1)				
Canada -	AB (14)	BC (34)	MB (36)	NS (5)
ON (105)	PQ (4)	SK (7)	PE (1)	
England(6)	France (2)	Ireland (1)	Israel (2)	Germany (1)

go through, by rebellion in one sort or another. Could this be their way to close this love for dad or mom?

My friends had always complained that their spouses were so uncommon and uncommunicative and I was always so glad my husband was so open, sharing and so demonstrative to all of us. Those dear traits also nearly did him in as it left him vulnerable to betrayal by his daughter.

I don't know if I will read another newsletter because it brings all the pain back... and I'm just too tired. I wish you all strength and love for one another to carry you through.

### Available to order from FMSF

Meeting your child's therapist booklet has been mailed to members. Additional copies are available for \$3.00.

"Doors of Memory" by Ethan Watters, Mother Jones, Jan 1993 is available for \$2.00.

"Probe of ritual-abuse therapy urged" by Okerblom and Sauer, San Diego Union Tribune 1/18/93 \$1.00.

### Research Request

"I would like to contact anyone who believes her/himself to have had a false or otherwise problematical diagnosis of Multiple Personality Disorder (MPD). My work is oriented toward a social-historical understanding of the origins and evolution of the concept of multiple personality, and a practical understanding of how the idea is applied in therapeutic situations. I will be attending the FMSF Conference in April and would be happy to speak with anyone about any aspect of the MPD problem. Please contact Michael G. Kenny, Department of Sociology-Anthropology, Simon Fraser University, Burnaby B.C. V5A 1S6, Canada, or call me (collect if you wish) at (505) 988-389"

### Comments from people who tell us they had false memories

"We thought we were part of this martyr crusade against satanic ritual abuse and it felt good. But my sister got worse. Me—I kind of went along with it. It makes me sick to think about it now." A person who told us that the memories of satanic ritual abuse that came in therapy were false. This person became suspicious when the therapist validated stories retold from the book *Communion*.

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 "My psychiatrist was understandably fascinated with my various personalities, however fictional A book was being written. Videos were made. My intermittent cries of denial about the abuse were rejected as 'an unwillingness to co-operate.' The interpretation that 'she must be hiding more of these repressed memories' led to even more intensive psychotherapy and hypnosis.

"Seven years, including lengthy stays in hospital and countless emotional crises, brought about loss of job, husband, children and any feelings of self-worth I had ever possessed.

"Five years later I am in the process of rebuilding

my shattered life."

from a letter in The London Free Press, London Ontario, March 3, 1993.

### Concern of a Hypnotherapist

As a hypnotherapist, I know a fair amount about the iatrogenic creation of memories and have devoted considerable time and energy to attempting to convince some of my colleagues that not all memories of childhood abuse are objectively valid. I have also argued, at length, that the FMSF is not a "public relations front for perpetrators", that you take a balanced view, that your position is not that all memories of childhood sexual abuse are false, but rather that some can be false. Now I feel as if you have pulled the rug out from under me.

In your December 5, 1992 newsletter, you say "remembered past lives, space alien abuse, satanic ritual conspiracies or after-death experiences are splinter notions, not traditional practices so silly that they do not dignify a response." So much for objectivity and a balanced view! If we are truly working to understand these phenomena and to heal the psychological pain that they cause, we can ill afford to take positions which lead to polarization of opinions. And we are talking about opinions, here, we are talking about beliefs. How effective would you be in your work if you were to talk about belief in the Godhood of Jesus Christ as "the splinter belief of a small minority of individuals which is so silly that it does not deserve the dignity of a response?" I feel that your credibility (and mine by association) suffers tremendously when you make such didactic statements.

Much of my practice involves working with individuals whose subjective experience is that of having past-life memories, alien abduction memories, ritual abuse memories, or after-death memories. I work very hard to ensure that I am not responsible for implanting such "memories", but where they do exist, I work with them as if they were real. And for the individual, in their subjective reality, they are, in fact "real". They may or may not be real in objective reality—that's something which I submit none of us will know with absolute certainty in our current lifetimes—but to dismiss these perceptions as "delusions" is doing a great disservice to the individuals involved and to our search for the truth. Do you really wish to be so arrogant as to assert unequivocally that these phenomena are "so silly that they do not dignify a response?" After all, there was a time when "everybody" took a similar position relative to the earth's being spherical and its revolving around the sun.

I certainly sympathize with your concerns relative to some of the mindless attempts to discredit your work, but responding in kind is not the way to accomplish your objectives (at least as I understand them). Please, let's get out of the name-calling business and get on with a search for the truth.

We thought a great deal about this letter and how best to respond. We risk the danger of unnecessarily angering many people. Perhaps we view the problem differently because we come from different disciplines and



have different training and experiences in working with people. In education, we generally try to move in the direction of "truth" as it may be approached through empirical evidence. Far from perfect, with our perceptions and interpretations unquestionably biased by cultural factors, still, it's the best that we have. In our lives we have areas of "faith" and areas of "understanding." In the classroom, helping children see the difference between faith, subjective reality, and scientific understanding is part of what are usually referred to as critical thinking skills.

We don't wish to be arrogant. We do think that it is important to remember the difference between narrative truth and historical truth when the consequences involve other people. Subjective reality is fine until it infringes on the lives of others. "Delusions" is a loaded term. We would never say that children were deluded when they were caught up and living in a creative writing story.

Perhaps it sounds better to say that space alien abduction stories, satanic ritual conspiracies and past lives are narratives that have subjective reality to the clients. We have no argument with that. When people lose sight of what is subjective reality or narrative truth and what is historical truth, however, a problem occurs if others are involved in the memory.

What therapists do with clients in their own offices is a matter of professional responsibility. It is not for us to say. When families are destroyed or legal actions are started as a consequence, however, another set of criteria must be devised.

### Parents Tell Us

*"It has been seven years since Dr. H stopped all family contact. I'm allowed to write to him, then he passes them to my daughter. She mentioned that she didn't read the last two letters—I believe he reads parts of them to her. He said she would get too upset."*

*"She lives alone in an apartment. She said it is very very hard. The last time we spoke her speech was so slurred I had to concentrate to understand her. She said she can't read or watch television because she can't concentrate (This is a woman who graduated from B College with honors). She also said she can't do much during the day. She shocked me when she said that she is now Bulimic."*

*"My youngest grandson, 9 years old, (I last saw him at three) now gets therapy four times a week for a fractured psyche because of my daughter's problems."*

*"My family's entire life has been ruined by Dr. H's treatment and isolation of my daughter. I've missed my grandson's childhood. Dr. H wouldn't even give me the courtesy of an office visit to try to understand her illness or to be of help in some small way and yet he answers to no one!"*

*"My daughter was a well educated woman of 31. She had a wonderful professional husband and a beauti-*

*ful home, two beautiful sons, loving family and many friends. She was a teacher and full of life and love. After a shock of her father's death and a depression following the birth of a baby, she went into therapy. She is now a non-working, drugged, lonely, divorced bulimic vegetable who has been torn from her family and friends."*

*"I would like you to discontinue our mailings. It only hurts us to be reminded of the situation once a month. Good luck to you in all your endeavors. I hope there will be a lot more people who realize they made a mistake but in the case of my husband, age 70, it is too late."*

*"We received a letter from our daughter's lawyer stating that we had to send him \$12,000 for our daughter's therapy costs. We were told that she would probably be in therapy for two more years and that we would have to pay for that. I asked the lawyer to send us an itemized statement from the therapist. The therapist told the lawyer that she thought that it was not a good idea to send an itemized statement. We have not paid any money to the therapist."*

*"Our daughter has deteriorated alarmingly since we saw her in May. Then she was a fully her own person and even masterful. When we saw her in November she was drawn and appeared frightened to be in the same room with us."*

*"It appears that our daughter is being treated for a cause that never happened. It is impossible for us to accurately evaluate her progress over the past ten months, but conversations we have had with her older sister would not indicate any improvement. It is beyond our comprehension as to how she can ever be cured by using us as the culprits."*

*"We are the parents of a fifty year old daughter who has been in and out of therapists offices for many years because of her weight problem. Last year we were shocked to learn that she is accusing me of sexually abusing her when she was a child. We have three other children and we are very close. Our daughter does not have anything to do with her sisters or brothers. We thought that she had become mentally ill until we learned about FMS. We are both suffering from stress and depression."*

*"The charges made against us have been devastating. My sleepless nights have gone on and on as if forever. Life has lost all meaning to me. One reason I had hoped my children would continue to bring me joy and comfort in my "golden years." This has been shattered. The only thing that has kept me sane is the fact that I truly believe this is the fantasy of a highly disturbed individual. No one, not even my wife, will ever know the living hell I have gone through. I suggest that before you use this type of therapy again, you might want to make certain the charges of your patient are accurate."*

**MEETINGS / NOTICES**

***Professionals and Parents in Support  
of the FMS Foundation.***

To place a notice in this column in the April newsletter, please be sure that we receive the information in writing by the 25th of March.

Contact your state liaison to find out about meetings in your area. Not all meetings are listed. Because FMSF does not make any names of families public, the only way for you to make contact is to call. Everyone who has attended a meeting with other families has told us that it helped them to come to terms with the situation.

**Michigan**

**The Michigan PFA Information Newsletter**  
P.O. Box 15044  
Ann Arbor, MI 48106  
313-461-6213

Notices of meetings and state-related topics in this newsletter.

**Kansas City**

**Every second Sunday of month at 1:00**  
**For details call Jan 816-276-8964**

**Illinois and Wisconsin**  
**March 13, 1993**

**Call Liz and Roger 708-827-1056**

**Philadelphia Area**

**Second Saturday of each month**  
**Same time, same place, March 13**  
**Call the office for details.**

**New York- Connecticut -New Jersey Area**

**March 14, 1993**  
**1:00 P.M.—5:00 P.M.**  
**Manhattan**  
**for details contact**  
**Grace 201-337-4278, Renee 718-428-8583**  
**Ethel 516-676-0939, Evelyn 201-835-4647**

**New England Regional Meeting**  
**March 21, 1993**

**Call Jean for details 508-250-1055 (before 9 pm)**

**Colorado**

**Wyoming and Nebraska**  
**Saturday March 27, 1993**  
**2:00 P.M.**

**meeting will be in Arvada, Colorado**  
**For information, call Judy at 303-674-4278**  
**or Eunice at 303-422-2292**

**California**

**April 1, 1993**  
**For details call Marlene 619-745-5518**

**Arizona**

**April 3, 1993**

**Jerry and Helen Barr, Guest Speakers**  
**For information contact Jim 602- 860-8981.**

**Canada**

**Ontario - Quebec**

**April 25, 1993 1pm - 5pm**  
**Holiday Inn Metropolitan Road**  
**Highway 401 exit Warden, Toronto**

**Minnesota**

**May 15, 1993 9:00 am - 4:00 pm**

**St. Paul**

**Guest, Pamela Freyd**  
**Call Terry or Colette 507-642-3630 for details**

**FMS FOUNDATION CONFERENCE**

**VALLEY FORGE PA**

**APRIL 16-18, 1993**

Registration information was included in the February newsletter. Preliminary program is included in March newsletter. Please call the FMSF office at 215-387-1865 for additional information.

**Limousine Services**

The following companies provide a shuttle service between the airport and the hotels in the Valley Forge area. All the companies need to be notified of the date, time, and flight number of the airline at least one day in advance

**Dave's Limousine Service**      215-288-1000  
\$15.00 one way  
\$25.00 roundtrip

**Trinity Limousine Service**      215-586-6005  
\$15.00 /person each way.

All the major car rental agencies are located at the airport, and lower weekend rates are available if tied in with flight arrivals. Weekend deals can start on Thursdays, and this may be a less expensive way to travel if a family is traveling.

**Sponsor a trip**

Many of the people who have recognized that they have experienced false memories have told us that they would like to come to the Conference but that they need help in paying for the ticket. We are looking for sponsors to help defray transportation expenses for these people who can tell us so much.

**Do you have a computer? Do you belong to Prodigy? Join the FMSF electronic mail crowd. Contact - Jean Doerfler ID# PKRR0BB**

# Study Disputes Link Between Eating Disorders, Sexual Abuse

By Andrew Meacham

A WOMAN GOES to her therapist in a large Northeastern city complaining of depression. Within the first five minutes, the therapist declares, "Well, you're overweight, that means you were sexually abused, so let's talk about that."

Not necessarily, says a review of scientific literature exploring the linkage between sexual abuse and eating disorders. The report was published in the April 1992 *American Journal of Psychiatry*. The authors, Harrison Pope and James Hudson, both of Harvard Medical School, concluded that four of the six controlled studies — in which patients with bulimia were compared to normal populations for sexual abuse prevalence — showed no support for the idea that sexual abuse is a risk factor for bulimia. Uncontrolled studies also did not advance that idea.

A fifth study showed 50 percent of bulimic patients and 50 percent of anorexic patients to have sexual abuse in their backgrounds; compared to 28 percent of the control group, a significantly higher rate. However, Pope and Hudson state, the authors did not consider that the eating disorder group of 56 patients contained only one male, compared to 14 males in the control group. The same results, but with a statistical balancing of sexes, shows no significant difference between the eating disorder and control groups for past



sexual abuse.

A sixth controlled study showing that 50 percent of bulimic women had been sexually molested, compared to 40 percent of depressed women and 28 percent of the control group, is also flawed, Pope and Hudson claimed. Since the control group of 100 required that the female subjects be "supernormal" — without having psychiatric symptoms, or having ever sought psychiatric treatment, and having no immediate family members with psychiatric diagnoses — the findings could be misleading. Other studies have shown that families with alcoholism and/or bi-polar disorders are more likely to abuse a child sexually. Thus, the authors caution, "Even if bulimia nervosa were not caused by sexual abuse, one would still expect bulimia nervosa

to be associated with sexual abuse because of the known association between bulimia nervosa and these familial psychiatric disorders." Other common problems in studies claiming a cause-and-effect relationship included:

- Factoring in sexual abuse that occurred late in adolescence. In one study, 15 percent of the sexual abuse cases had occurred at age 17 or above. Since bulimia and anorexia often begin in adolescence, the authors said, such reports are frequently talking about people who were sexually abused *after* developing the eating disorder.

- Lack of appreciation for the extent of sexual abuse in the general population. Four commonly-cited studies show rates of 27 percent to 51 percent sexual abuse history among randomly chosen women, with abuse defined as actual physical contact. Studies of sexual abuse among bulimic patients fall within this same range.

- Disparity in interview situations. Women in the general population used for control groups are most often interviewed only once, whereas the bulimic women in some studies were patients in therapy. People may be less likely to disclose personal information to a stranger in a single interview than to a therapist with whom one has a trusting relationship.

- "Effort after meaning." People with psychological problems usually try to figure out a reason for their distress by searching their pasts. "Bulimic patients, particularly those who become aware of the sexual abuse hypothesis, may be more likely to remember and/or report childhood sexual abuse than control individuals," the report notes.

Pope, reached at his offices in McLean Hospital in Belmont, Mass., said he was concerned about therapists who assume that sexual abuse must underlie eating disorders, and treat their patients accordingly.

"The sensitive nature of the material makes empirical evidence all the more critical," he added.

**F M S**  
**FALSE MEMORY SYNDROME FOUNDATION**  
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**PHILADELPHIA PA 19104-3311**

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